

# Contribution Change Authority

## Forsyth Barr Cash Management

If you have any questions regarding this form, please contact your Investment Adviser on 0800 367 227.

Account Name:

**Account Number:** Please note your Forsyth Barr account number can be up to ten characters long.

Account Number:

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

I wish to change/suspend my regular contribution. Please action this change from::

|     |  |       |  |      |  |  |  |
|-----|--|-------|--|------|--|--|--|
|     |  |       |  |      |  |  |  |
| DAY |  | MONTH |  | YEAR |  |  |  |

**Frequency:** Please tick one box only.

Frequency: ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ 4 weekly

New regular contribution: \$

Name:

Signature:

Date:

|     |  |       |  |      |  |  |  |
|-----|--|-------|--|------|--|--|--|
|     |  |       |  |      |  |  |  |
| DAY |  | MONTH |  | YEAR |  |  |  |

Confirmation of Bank Account to be Direct Debited from:

|      |  |  |  |        |  |  |  |                |  |  |  |        |  |  |  |
|------|--|--|--|--------|--|--|--|----------------|--|--|--|--------|--|--|--|
|      |  |  |  |        |  |  |  |                |  |  |  |        |  |  |  |
| BANK |  |  |  | BRANCH |  |  |  | ACCOUNT NUMBER |  |  |  | SUFFIX |  |  |  |

(A new Direct Debit form is enclosed for completion only if the Bank details are changing)